UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN NORTHERN DIVISION (BAY CITY)

In the Matter of:		Case No. 14-22066 Chapter 13 Proceeding
Daniel Harborth,	Debtor	Honorable Daniel S. Opperman
	/	

OBJECTION TO PROOF OF CLAIM 3-1 IRS

NOW COMES the debtor(s), Daniel Harborth, by and through his counsel, Kimberly Kramer, P.L.C., by Kimberly A. Kramer, and for his Objection states as follows:

1. That the IRS filed Proof of Claim 3-1 on September 22, 2014 alleging tax, interest and penalties due as follows: (Exhibit "B")

Tax Year	Tax	Interest	Penalty	TOTAL		
Unsecured Priority						
2011	\$1,263.00	\$95.09				
2012	\$3,290.80	\$143.41				
2013	\$3,940.60	\$50.19	\$316.66			
Unsecured General						
2010	\$2,427.00	\$274.78	\$606.12			
TOTAL	\$10,921.40	\$563.47	\$922.78	\$12, 407.65		

2. That debtor's tax liability is as follows: (Exhibit "C")

Tax Year	Tax Due
2011	\$1,263.00
2012	\$1,444.00
2013	\$2,032.00
2010	\$0.00
TOTAL	\$4,739.00

3. That a proposed Order is attached; (Exhibit "A")

WHEREFORE, debtor(s) respectfully request this Honorable Court sustain his Objection and limit the claim to \$4,739.00.

Respectfully Submitted,

Dated: October 29, 2014

KIMBERLY A. KRAMER (P59045)

Attorney for Debtor

916 Washington Avenue, Suite 320 Bay City, MI 48708 (989) 671-4333

Kimberlykramerplc@sbcglobal.net

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN NORTHERN DIVISION (BAY CITY)

In the Matter of:	Case No. 14-22066
	Chapter 13 Proceeding
Daniel Harborth,	Honorable Daniel S. Opperman
D	ebtor

ORDER SUSTAINING OBJECTION TO PROOF OF CLAIM 3-1 IRS

THIS MATTER, having come before the Court on the Objections of the debtor(s) to the claim of the Internal Revenue Service, and this Court being otherwise fully advised in the premises.

NOW THEREFORE, IT IS HEREBY ORDERED that the objection to the Internal Revenue Service's proof of claim 3-1 is sustained and the claim is limited to \$4,739.00.

Proof of Claim for Internal Revenue Taxes



Form 10 Attachment

Department of the Treasury/Internal Revenue Service

In the Matter of: DANIEL F HARBORTH 1923 5TH ST

BAY CITY, MI 48708

Case Number 14-22066-DOB

Type of Bankruptcy Case CHAPTER 13

Date of Petition 09/16/2014

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured P	riority Claims	under section 507(a)(8) of the	Bankruptcy Code		
Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XXX-XX-7429 XXX-XX-7429 XXX-XX-7429	INCOME INCOME INCOME	12/31/2011 12/31/2012 12/31/2013	05/28/2012	\$1,263.00 \$3,290.80 \$3,940.60	\$95.09 \$143.41 \$50.19
				\$8,494.40	\$288.69

Total Amount of Unsecured Priority Claims:

\$8,783.09

Unsecured G	eneral Claims					
Taxpayer ID Number XXX-XX-7429	Kind of Tax INCOME	<i>Tax Period</i> 12/31/2010	Date Tax Assessed 07/16/2012	Refund:	Tax Due \$2,427.00	Interest to Petition Date \$274.78
			cluding interest thereon) luding interest thereon)			

Total Amount of Unsecured General Claims:

\$3,624.56

1 UNASSESSED TAX LIABILITY(IES) HAVE BEEN LISTED ON THIS CLAIM BECAUSE OUR RECORDS SHOW NO RETURN(S) FILED. WHEN THE DEBTOR(S) FILES THE RETURN OR PROVIDES OTHER INFORMATION AS REQUIRED BY LAW THE CLAIM WILL BE AMENDED.

Case 14-22066-dob Claim 3 1 1 1 elied 09/22/14 Page 3 of 3

1040		ent of the Treasury—Internal Re)9) m 2(01 1	ОМВ	3 No. 1545	-0074 IRS Use	e Only—D	o not write or staple in th	nis space.
For the year Jan. 1-Dec	. 31. 2011	, or other tax year beginning			,	2011, endi	ng	, 2	0	Se	e separate instruct	ions.
Your first name and i		, , , , , ,	Last name							Yo	ur social security nu	mber
DAHIEL F			HARBO	ртн							1742	29
If a joint return, spou	se's first	name and initial	Last name							Spo	ouse's social security	number
Home address (numb	per and s	treet). If you have a P.O. bo	x, see instru	ctions.					Apt. no	. 🛦	Make sure the SSN(s) above
1923 5TH											and on line 6c are	correct.
City, town or post office	e, state, a	nd ZIP code. If you have a fore	eign address,	also comp	olete spaces b	oelow (see	instruction	ns).		Р	residential Election Ca	ampaign
BAY CITY,	МТ	48708									ck here if you, or your spou	
Foreign country nam		10700		Foreig	n province/o	county		1	oreign postal co		ly, want \$3 to go to this fun x below will not change you	
,					-					refur	`_	Spouse
	1	X Single					4 Пн	lead of ho	usehold (with a	ualifying	person). (See instructi	ions.) If
Filing Status	2	Married filing jointly	even if only	v one h	ad income)	1					not your dependent, e	
Check only one	3	Married filing separa	•	•			c	hild's nam	e here. >			
oox.		and full name here.	-	opease	0 00.1 0.00		5 🗀 C	Qualifying	widow(er) with	n depen	dent child	
	6a	X Yourself. If some	ne can cla	im vou	as a depen	dent. d c	not che	eck box (Sa]	Boxes checked	
Exemptions	b	Spouse								ʃ	on 6a and 6b No. of children	_1_
	C	Dependents:		(2) Depe	ndent's	(3) De	pendent's		if child under ag		on 6c who:	
	(1) First	name Last name	so	ocial secur	ity number	relation	ship to you		ring for child tax c (see instructions)	realt	 lived with you did not live with 	
							_				you due to divorce or separation	•
f more than four											(see instructions)	
dependents, see nstructions and											Dependents on 6c not entered above	
heck here											Add numbers on	
_	d	Total number of exem	ptions clain	ned .							lines above	
ncome	7	Wages, salaries, tips,	etc. Attach	Form(s)	W-2 .					7	18,	888.
ncome	8a	Taxable interest. Attac	ch Schedul	e B if re	quired .					8a		
	b	Tax-exempt interest.	Do not incl	ude on	line 8a .	[8b					
Attach Form(s) V-2 here. Also	9a	Ordinary dividends. At	tach Sched	lule B if	required					9a		
ttach Forms	b	Qualified dividends				[9b			╛		
W-2G and	10	Taxable refunds, credits, or offsets of state and local income taxes							10			
099-R if tax vas withheld.	11	Alimony received								11		
vas wiulileiu.	12	Business income or (loss). Attach Schedule C or C-EZ								12		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □								13		_
f you did not get a W-2,	14	Other gains or (losses)	. Attach Fo	rm 479	7					14		
ee instructions.	15a	IRA distributions .	15a			b	Taxable	e amount		15b		
	16a	Pensions and annuities						e amount		16b		
Enclose, but do	17	Rental real estate, roya								17		
ot attach, any	18	Farm income or (loss).								18		
payment. Also,	19	Unemployment compe	1 1			1				19	ļ9,	<u>460.</u>
lease use	20a	Social security benefits				6	Taxable	e amount		20b		
orm 1040-V.	21	Other income. List type								21		
		Combine the amounts in						your total	income >	22	28,	348.
Adjusted	23	Educator expenses					23			╣ .	1	
Gross	24	Certain business expense fee-basis government offi								'		
ncome	25						24			┥		
	26	Health savings account Moving expenses. Atta				_ ⊢	25			-{;		
	20 27	Deductible part of self-er				-	26 27			+		
	28	Self-employed SEP, Si	_				28			1		
	29	Self-employed health i		•	•	-	29			-		
	30	Penalty on early withd				H-	30			1		
	31a	Alimony paid b Recip			, ,		31a					
	32	IRA deduction					32			1		
	33	Student loan interest d					33			7		

Subtract line 36 from line 22. This is your adjusted gross income 37 For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. CDA

Domestic production activities deduction. Attach Form 8903

Add lines 23 through 35

Student loan interest deduction .

Tuition and fees. Attach Form 8917.

34

35

36

37 Cat. No. 11320B

Form 1040 (2011)

33

34

35

Form 1040 (2011)	DAI	HIEL F HARBORTH			7429 Page Z
	38	Amount from line 37 (adjusted gross income)		38	28,348.
Tax and	39a	Check			
Credits	334	if: Spouse was born before January 2, 1947, ☐ Blind. checked ▶ 39a			
	_	<u> </u>	96□		
Standard Deduction	b	Itemized deductions (from Schedule A) or your standard deduction (see left margin) .		40	5,800.
for—	40			41	22,548.
 People who check any 	41			42	3,700.
box on line	42	Exemptions. Multiply \$3,700 by the number on line 6d			18,848.
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	
claimed as a dependent,	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 962 elect		44	2,399.
see	45	Alternative minimum tax (see instructions). Attach Form 6251	. [45	- 200
All others:	46	Add lines 44 and 45	▶	46	2,399.
Single or	47	Foreign tax credit. Attach Form 1116 if required 47			
Married filing	48	Credit for child and dependent care expenses. Attach Form 2441			
separately, \$5,800	49	Education credits from Form 8863, line 23			
Married filing	50	Retirement savings contributions credit. Attach Form 8880 50			
jointly or Qualifying	51	Child tax credit (see instructions)			
widow(er),	52	Residential energy credits. Attach Form 5695 52			
\$11,600 Head of	53	Other credits from Form: a 3800 b 8801 c 53			
household,	54	Add lines 47 through 53. These are your total credits		54	0.
\$8,500	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55	2,399.
<u> </u>	56	Self-employment tax. Attach Schedule SE		56	
Other	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	_	57	
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .	-	58	
	59a	, , , , , , , , , , , , , , , , , , , ,		59a	
		Household employment taxes from Schedule H			
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	—	59b	
	60	Other taxes. Enter code(s) from instructions		60	
	61	Add lines 55 through 60. This is your total tax		61	<u>2,399.</u>
Payments Payments	62	Federal income tax withheld from Forms W-2 and 1099 62 1, 1	36.		
If you have a	63	2011 estimated tax payments and amount applied from 2010 return 63			
If you have a qualifying	64a	Earned income credit (EIC) NO 64a		.]	
child, attach	b	Nontaxable combat pay election 64b	ŀ		
Schedule EIC.	65	Additional child tax credit. Attach Form 8812 65		1	
	66	American opportunity credit from Form 8863, line 14 66			
	67	First-time homebuyer credit from Form 5405, line 10 67			
	68	Amount paid with request for extension to file 68			
	69	Excess social security and tier 1 RRTA tax withheld 69			
	70	Credit for federal tax on fuels. Attach Form 4136 70			
	71	Credits from Form: a 2439 b 8839 c 8801 d 8885 71			
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	•	72	1,136.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpa	aid	73	
	74a			74a	
Direct deposit?	▶ b	Routing number	F		
See	▶ d	Account number	95		
instructions.	75	Amount of line 73 you want applied to your 2012 estimated tax ▶ 75	ŀ		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions		76	1 262
You Owe	77	Estimated tax penalty (see instructions)		70	1,263.
	_	by you want to allow another person to discuss this return with the IRS (see instructions)?	□ Voo	Complete I	below. X No
Third Party	DC	by you want to allow another person to discuss this return with the IHS (see histractions)?	_ res.	Complete	below. XI NO
Designee		esignee's Phone Personal		ation	
Sign		me ▶ no. ▶ number (
Here		ider penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a By are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
riere			1		-
Joint return? See	L 10			Daytime pho	ne number
instructions. Keep a copy for	_	H/H BARTENDER			
your records.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		If the IRS sent : PIN, enter it	you an Identity Protection
				here (see inst.)	
Paid	Pri	nt/Type preparer's name Preparer's signature Date		Check 🔲 i	PTIN if
Preparer		SELF-PREPARED		self-employe	
Use Only	Fin	m's name ► Firm's EIN ▶			
	Fire	m's address ▶ Phone no.			
CDA					Form 1040 (2011)

	<u> </u>	Individual Inco	me lax	Return	2012	OMB No. 1	545-0074	IRS Use Or	ty-D	o not write or staple in th	his space.
		2, or other tax year beginning			, 2012, ending		, 20			e separate instruct	
Your first name and i	nitial		Last name						You	ur social security nu	ımber
DANIEL F	1- 64		HARBO							742	
If a joint return, spou	se's nrst	name and initial	Last name	•					Spc	ouse's social security i	number
Home address (numl	ber and :	street). If you have a P.O. I	oox, see instr	uctions.				Apt. no.	+	Make sure the SSM	(a) about
321SFARRA		, , ,	,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Make sure the SSN(s and on line 6c are of	
		and ZIP code. If you have a fo	reign address,	also complete s	paces below (see ins	tructions).			Pi	residential Election Ca	mpaign
BAY CITY,	MI	48708								k here if you, or your spous	
Foreign country name				Foreign pro	vince/state/county		Foreign	postal code		y, want \$3 to go to this fund t below will not change you	
									refun		Spouse
Filing Status	1	X Single		-	4	Head of	household	(with qualif	ying	person). (See Instruction	ions.) If
ming Status	2	Married filing jointly	(even if on	ly one had in	come)	the qua	lifying perso	on is a child	but r	ot your dependent, er	enter this
Check only one	,3	Married filing separ	ately. Enter	spouse's SS	SN above	child's r	name here.	-			
oox.		and full name here.	<u> </u>		5	Qualify	ing widow	(er) with de	epen	dent child	
Exemptions	6a	Yourself. If some	one can cla	aim you as a	dependent, do n	ot check be	ох 6а.		.]	Boxes checked on 6a and 6b	1
	b	Spouse		. <u></u>	<u> </u>	 , .			<u>.</u> J	No. of children	
	C	Dependents:		(2) Dependent'		denta i		under age 17 hild tax credit		on 6c who: • lived with you	
	(1) First	name Last nam	e s	ocial security nur	nber relationship	to you ·	(see instr		_	 did not live with you due to divorce 	
f more than four									_	or separation	٠.
dependents, see								<u> </u>	_	(see instructions) Dependents on 6c	
nstructions and				_ _			<u> </u>	<u> </u>	_	not entered above	-
check here ▶ 🗌		7-1-1							_	Add numbers on	1
	<u>d</u>	Total number of exen	·		<u> </u>	<u>· ·</u> · ·	• •	· · ·	<u>. </u>	fines above >	<u> </u>
ncome	7	Wages, salaries, tips,							7	25,	<u> 196</u>
	8a b	Taxable interest. Atta	_	•	1			-	8a		
Attach Form(s)	9a	Tax-exempt interest. Ordinary dividends. A				,			9a		
N-2 here. Also	b	Qualified dividends		oule B if requ					98		
ittach Forms V-2G and	10	Taxable refunds, cred							10		
099-R if tax	11	Alimony received .						· · ·	11		
vas withheld.	12	Business income or (· · · -	12		
	13	Capital gain or (loss).				ired check	here >	_	13		
f you did not	14	Other gains or (losses							14	•	
get a W-2,	15a	IRA distributions .	15a			axable amo	unt .	. –	15b		
see instructions.	16a	Pensions and annuities	16a		ьт	axable amo	unt .	· -	16b		
	17	Rental real estate, roy	alties, parti	nerships, S c	orporations, trust	s, etc. Atta	ch Sched	ule E	17		_
Enclose, but do	18	Farm income or (loss)							18		
not attach, any payment. Also,	19	Unemployment comp	ensation .					[19	5,	739
olease use	20a	Social security benefits	20a		ь т	axable amoi	unt .	2	20b		
orm 1040-V.	21	Other income. List type							21		
_	22	Combine the amounts is	the far right	column for lin	es 7 through 21. T	his is your to	tal incom	e ▶	22	30,	935
Adjusted	23	Educator expenses				B					
aajustea Gross	24	Certain business expens									
ncome		fee-basis government of						· .			
	25	Health savings accou									
	26	Moving expenses. Att									
•	27	Deductible part of self-e									
	28	Self-employed SEP, S			_				1		
	29	Self-employed health			25						
	30 31a	Penalty on early witho		- :	30		•				
	31a 32	Alimony paid b Recip			31						
	33	IRA deduction Student loan interest									
	34	Tuition and fees. Atta									
	35								.		
	-	Domestic production ac Add lines 23 through	tivities dedu	ction. Attach	Form 8903 35				36		0.

Form 1040 (2012	2) DA	NIEL F HARBORTH		7429 Page 2
	38	Amount from line 37 (adjusted gross income)	38	30,935.
Tax and	39a	Check You were born before January 2, 1948, Blind. Total boxes		
Credits		if: Spouse was born before January 2, 1948, ☐ Blind. checked ▶ 39a		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 396□		
Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,950.
People who	41	Subtract line 40 from line 38	41	24,985.
check any box on line	42	Exemptions, Multiply \$3,800 by the number on line 6d	42	3,800.
39a or 39b or	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	21,185.
who can be claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 962 election	44	2,741.
dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
instructions.	46	Add lines 44 and 45	46	2,741.
• All others:	47	Foreign tax credit. Attach Form 1116 if required		
Single or Married filing	48	Credit for child and dependent care expenses. Attach Form 2441 48		
separately, \$5,950	49	Education credits from Form 8863, line 19 49		
Married filing	50	Retirement savings contributions credit. Attach Form 8880 50		
jointly or Qualifying	51	Child tax credit. Attach Schedule 8812, if required 51		
widow(er),	52	Residential energy credits. Attach Form 5695		
\$11,900	53	Other credits from Form: a 3800 b 8801 c 53		
Head of household,	54	Add lines 47 through 53. These are your total credits	54	0.
\$8,700	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0	55	2,741.
O4h = 11	56	Self-employment tax. Attach Schedule SE	56	
Other	57	Unreported social security and Medicare tax from Form: a 4137 b 8919	57	
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 55 through 60. This is your total tax	61	2,741.
Payments	62	Federal income tax withheld from Forms W-2 and 1099 62 1, 297.		
	63	2012 estimated tax payments and amount applied from 2011 return 63		
If you have a	64a	Earned Income credit (EIC) NO 64a		
qualifying	ь	Nontaxable combat pay election 64b]	
child, attach Schedule EIC.	65	Additional child tax credit. Attach Schedule 8812 65	-	
001100010 2101	66	American opportunity credit from Form 8863, line 8 66		
	87	Reserved		
	68	Amount paid with request for extension to file 68		
	69	Excess social security and tier 1 RRTA tax withheld 69		
	70	Credit for federal tax on fuels. Attach Form 4136 70		
	71	Credits from Form: a 2439 b Reserved c 8801 d 8885 71		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	1,297.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	-1
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here . ▶ □	74a	
Direct deposit?	▶ b	Routing number		
See	▶ d	Account number		
instructions.	75	Amount of line 73 you want applied to your 2013 estimated tax ▶ 75		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	1,444.
You Owe	77	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS (see instructions)? Yes.	Comple	ete below. 🔀 No
Designee	Der	signee's Phone Personal identific	cation	_
Designee		ne ► no. ► number (PIN)	>	
Sign	Unc	ler penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	e best of	my knowledge and belief,
Here	the	are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepar	er has am	y knowledge.
Joint return? See	You	r signature Date Your occupation	Daytime	phone number
instructions.		/G/4// BARTENDER		
Keep a copy for	Spe	ouse's signature. If a foint return, both must sign. Date Spouse's occupation		sent you an Identity Protection
your records.			PIN, enter here (see	
Paid	Prin	t/Type preparer's name Preparer's signature Date	Check	- DTIN
Preparer		SELF-PREPARED	setf-emp	beyok
Use Only	Firm	n's name ▶ Firm's EIN ▶		
	Firm	n's address ▶ Phone no.		
				Form 1040 (2012)

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		individual inc	al Revenue Service Tax		2013	OMB	No. 1545-0074	IRS Use O	nlyDo	o not write or staple in this	is space.
For the year Jan. 1-Dec		, or other tax year beginning			, 2013, ending		, 20			separate instructi	
Your first name and		, , , , , , , , , , , , , , , , , , , ,	Last nan	16					You	ir social security nur	mber
DANIEL F			HARE	ORTH						742	
If a joint return, spou	se's first	name and initial	Last nan						Spo	use's social security n	number
•											
Home address (numi	ber and s	treet). If you have a P.C), box, see ins	tructions.				Apt. no.		Make sure the SSN(s	
1923 5TH	STRE	ET								and on line 6c are c	correct.
City, town or post offic	e, state, a	nd ZIP code. If you have a	foreign addres	ss, also complete s	paces below (see in	structions	s).		Pr	residential Election Car	mpaign
BAY CITY,	MI	48708								k here if you, or your spous v, want \$3 to go to this fund	
Foreign country nam				Foreign pro	wince/state/county	,	Foreign	postal code	a box	below will not change your	r tax or
									refun	d. You _	Spouse
Filing Status	1 [Single			4	□н	ead of househol	d (with qual	ifying p	person). (See instruction	ons.) If
riling Status	2 [Married filing join	tly (even if c	only one had in	come)	th	e qualifyling per	son is a chil	d but n	not your dependent, en	nter this
Check only one	3 [Married filing sep	arately. Ent	er spouse's SS	N above	-	nild's name here				
box.		and full name he	re. 🟲		5	Q	ualifying wido	w(er) with o	lepend		
Exemptions	6a	Yourself. If son	meone can	claim you as a	dependent, do :	not che	ck box 6a .		. }	Boxes checked on 6a and 6b	1
EXempuons	b	☐ Spouse .	<u></u> .	<u> </u>	<u></u>	<u> </u>			<u>.</u> J	No. of children	
	C	Dependents:		(x) pabasigant 2 (a) pahamasi a				d under age 1 child tax cred		on 6c who: • iived with you	
	(1) First	name Lastn	ame	social security nun	niber relationsh	relationship to you		tructions)	_	 did not live with you due to divorce 	
							<u> </u>		_	or separation (see instructions)	
If more than four dependents, see instructions and							<u> </u>			Dependents on 6c	
							1 [_	not entered above	
check here ▶□				<u> </u>			_			Add numbers on	1
	d	Total number of ex	emptions cl	aimed			<u></u>	<u> </u>	·	lines above	<u> </u>
Income	7	Wages, salaries, tip	os, etc. Atta	ch Form(s) W-2	? <i>.</i> .				7	31,	234
	8a	Taxable interest. A	ttach Sched	tule B if require	×d .				8a		
A	b	Tax-exempt intere	st. Do not i	nclude on line	8a <u>[</u> 8	b					
Attach Form(s) W-2 here, Also	. 9a	Ordinary dividends	. Attach Sci	nedule B if requ	ired _i .	• , •			9a		
attach Forms	ь	Qualified dividends			🕒	b					
W-2G and	10	Taxable refunds, co	redits, or off	sets of state a	nd local income	taxes			10		
1099-R if tax was withheld.	11	Alimony received								_	
Was Wishold	12	Business income or (loss). Attach Schedule C or C-EZ									
If you did not	13	Capital gain or (los	-		•	uired, d	check here ▶	· ப	13		-
get a W-2,	14	Other gains or (loss		Form 4797 .	1	· ·		}	14		
see instructions.	15a	IRA distributions	. 15a				amount .		15b		
	16a	Pensions and annuit	_				amount .		16b		
	17	Rental real estate,	•		orporations, tru	sts, etc	. Attach Sche	dule E	17		
	18	Farm income or (lo	•	schedule F .					18		
	19	Unemployment cor	· 1 1		· · · · i .	 Tauabla			19 20b		
	20a	Social security bene			В	I axable	amount .	}			
	21 22	Other income. List Combine the amount	•		nee 7 through 21	Thie ie v	nur total inco		21	21	224
		Educator expenses					Our total Picor	110	-22	31,	234
Adjusted	23 24	Certain business expenses		nietz poelonnia	_	3					
Gross	24	fee-basis government			*	4					
Income	25	Health savings acc		-		5					
	26	Moving expenses.				6					
	27	Deductible part of se				7					
	28	Self-employed SEF			_	8					
	29	Self-employed hea			_	9					
	30	Penalty on early wi				10					
	31a	Alimony paid b Re		,	. —	la l					
	32	IRA deduction .	•			2					
	33	Student loan intere				3					
					· · · <u>L</u>	-			ì		
	34	Tuition and fees. At	ttach Form	8917.		4			l		
	34 35	Tuition and fees. At Domestic production				14 15					
		Tuition and fees. At Domestic production Add lines 23 through	activities de	duction. Attach		5			36		0

14-22066-dob Doc 18 Filed 10/29/14 Entered 10/29/14 09:09:15 Page 9 of 14

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Form 1040 (2013	ו ברו	NIEL F HARBORT	'n						-	.74	29	Page 2
	38	Amount from line 37 (adju)				 -	38		31	,234.
Tax and	39a	, <u> </u>	om before January	•	☐ Blind	. Tota	boxes					
Credits	-		s born before Janu		-		ked ▶ 394	. L				
	ь	If your spouse itemizes on			_			396□]			
Standard Deduction	40	Itemized deductions (fro							40		6	,100.
for—	41	Subtract line 40 from line							41			,134.
 People who check any 	42	Exemptions. If line 38 is \$15					ice cee inch	ctions	42	_		,900.
box on line 39a or 39b or		Taxable income. Subtra							43			,234.
who can be	43	Tax (see instructions). Chec							44			,738.
ciaimed as a dependent,	44						ະພ	_	45	-		,,,,,,,
see instructions.	45	Alternative minimum tax		. Attach Form					46		2	,738.
Alt others:	46	7 100 III.00 1				1			40			, /30.
Single or	47	Foreign tax credit. Attach							+	l		
Married filing separately.	48	Credit for child and depend	•			-			-			
\$6,100	49	Education credits from Fo	•			-			-			
Married filing	50	Retirement savings cont	ributions credit. A	ttach Form 88					4	J		
jointly or Qualifying	51	Child tax credit. Attach S	ichedule 8812, if r	equired		_			-			
widow(er), \$12,200	52	Residential energy credits		_	. 52	_			-			
Head of	53	Other credits from Form: a [」3800 b□ 880	1 c□	53				4			_
household, \$8,950	54	Add lines 47 through 53.							54			0.
	55	Subtract line 54 from line	46. If line 54 is mo	re than line 46	, enter -0-			. ▶	55		2	,738.
Other	56	Self-employment tax. Atta	ach Schedule SE						56_			
	57	Unreported social security	y and Medicare tax	from Form:	a 📋 4137	b	89 19		57			
Taxes	58	Additional tax on IRAs, oth	er qualified retirem	ent plans, etc.	Attach Form	n 5329 if	required		58			
	50a	Household employment ta	xes from Schedule	н					59a			
	b	First-time homebuyer cred	lit repayment. Attac	h Form 5405 if	required .				59b			
	60	Taxes from: a Form 8	8959 b 🔲 Form 896	60 c ☐ Instruc	ctions; enter	code(s)		60			
	61	Add lines 55 through 60.						. ▶	61		2	,738.
Payments	62	Federal income tax withh						706.				
	63	2013 estimated tax paymen							1			
If you have a	64a	Earned income credit (E			64s	_			1			
qualifying	<u>Г</u>	Nontaxable combat pay elec			· · • • •	+-			1	ļ		
child, attach Schedule EIC.	65	Additional child tax credit.		12	65							
SCHOOLE LIO.	66	American opportunity cre				+			1	ļ		
	67	_		•	67	_			ĺ			
	68	Amount paid with request							1			
						$\overline{}$			1			
	69	Excess social security and							-	ļ		
	70	Credit for federal tax on t			70	+	_		1			
	71	Credits from Form: a 243			71	_						
	72	Add lines 62, 63, 64a, and						<u>. ▶</u>	72	<u> </u>		706.
Refund	73	If line 72 is more than line						_	73			
	74a	Amount of line 73 you wa	nt refunded to y o	u. If Form 8888				▶□	74a			
Direct deposit?	► b	Routing number	- - - - -		C Type:	Chec	king 🔲 S	avings				
See instructions.	▶ d	Account number										
	75	Amount of line 73 you want										
Amount	76	Amount you owe. Subtra		61. For detail	1	pay, s	ee instructi	ons P	76		2	<u>,032.</u>
You Owe	77_	Estimated tax penalty (se	e instructions) .	<u> </u>	77							
Third Party	Do	you want to allow another	person to discuss	this return with	h the IRS (s	ee instr	uctions)?	☐ Yes	. Com	plete bel	ow. (X No
Designee		signee's		Phone			Perso	nal identif	ication			
	na	<u>me</u> ▶		no. ▶			numb	er (PIN)		<u> </u>		
Sign	Un	der penalties of perjury, I declare	that I have examined th	nis return and acc	ompanying so	hedules :	and statemen	s, and to t	he best	of my know	dedge and	d belief,
Here	the	y are true, correct, and complete.	Declaration of prepare	er (other than taxp	ayer) is based	on all inf	formation of w	hich prepi	erer has	any knowle	dge.	
Joint return? See	Yo	ur signature		Date	Your occur	oation			Dayti	me phone	number	
instructions.		1 3/1		4//3/1	BARTE	NDEF	3					
Keep a copy for	Sp	ouse's signature. If a joint retur	n, both must sign.	Date	Spouse's o	ccupatio	n			RS sent you	an identity	Protection
your records.	,	,	-						PtN, e	nter it see inst.)		
Dold	Pri	nt/Type preparer's name	Preparer's signatu	ire			Date				PTIN	
Paid Property			SELF-PR							k ∐if mployed		
Preparer	Fin	m's name ▶					Firm's Ell	v -		. ,		
Use Only		m's address					Phone no					
							I HATEIK				om 10	40 (2013)
												_ (20.0)

% 1040		ent of the Treasury—Internal Revenue S Individual Income T		2010	(99) IRS Use Only-	Do not write o	r staple in this space.		
P		year Jan. 1-Dec. 31, 2010, or other ta		, 201	0, ending	, 20		OMB No. 1545-0074		
Name, (R		rst name and initial		name			Your s	ocial security numb	er	
Address, N	DAN	IEL F	HAI	RBORTH				742	9	
and SSN		nt return, spouse's first name and	initial Last	name			Spous	Spouse's social security number		
С								1		
See separate Linstructions.	Home	address (number and street). If yo	u have a P.O. box	, see instructions.		Apt. no.		Make sure the SSN(
A		3 5TH STREET		familia addasa		tions		and on line 6c are o		
[]	•	own or post office, state, and ZIP		a foreign address,	see instruc	tions.		ng a box below will your tax or refund.	not	
Presidential Y		CITY, MI 4870			a Abia from			You Spo	LISA	
Election Campaign		eck here if you, or your spous	se it tiling jointly,]			ш.		
Filing Status	_	Single	if only one had i					person). (See instructi not your dependent, e		
Chaok only one	2 3		•	•		ld's name here.	a cinia bat	not your depondent, o		
Check only one box.	3	and full name here.	inter spouse s	_		alifying widow(er)	with depen	dent child	_	
	6a	X Yourself. If someone ca	n claim you as a			, , , , ,	 .	Boxes checked		
Exemptions	b	Spouse						on 6a and 6b No. of children	_1	
	C	Dependents:	(2) Depender	nt's (3) De	(3) Dependent's (4) / if child under a			on 6c who:		
	(1) First	name Last name	social security n	umber relations	ship to you	qualifying for child (see page 1		 lived with you did not live with 	t live with	
								you due to divorce or separation	•	
If more than four								(see instructions)		
dependents, see instructions and								Dependents on 6c not entered above		
check here ▶□								Add numbers on	7	
	<u>d</u>	Total number of exemptions	claimed	<u> </u>		<u></u> .	· · · ·	lines above >	1	
Income	7	Wages, salaries, tips, etc. A	ttach Form(s) W	-2			. 7	13,	929.	
	8a	Taxable interest. Attach Sci	•				. 8a			
Attach Form(s)	b	Tax-exempt interest. Do no			8b		┥.			
W-2 here. Also	9a	Ordinary dividends. Attach S	Schedule B if red	quired			. 9a			
attach Forms	b	Qualified dividends		· · · · L	9b		. 10			
W-2G and 1099-R if tax	10	Taxable refunds, credits, or offsets of state and local income taxes								
was withheld.	11	Alimony received					. 11			
	12	Business income or (loss). A					. 12	_		
If you did not	13 14	Capital gain or (loss). Attach Other gains or (losses). Attach		equirea. Il not re	equirea, c	neck nere	. 14			
get a W-2,	15a	IRA distributions . 15	1		Taxable	amount	. 15b			
see page 20.	16a	Pensions and annuities 16			Taxable		. 16b			
	17	Rental real estate, royalties,								
Enclose, but do	18	Farm income or (loss). Attac					. 18			
not attach, any payment. Also, please use	19	Unemployment compensation					. 19			
	20a	Social security benefits 20	1	1	Taxable	amount	. 20b			
Form 1040-V.	21	Other income. List type and	amount				21			
	22	Combine the amounts in the fa		lines 7 through 21	. This is yo	our total income		13,	929.	
	23	Educator expenses			23					
Adjusted	24	Certain business expenses of re	eservists, performi	ing artists, and						
Gross Income		fee-basis government officials.	Attach Form 2106	or 2106-EZ	24			ĺ		
	25	Health savings account ded	uction. Attach F	orm 8889 .	25					
	26	Moving expenses. Attach Fo	orm 3903		26					
	27	One-half of self-employmen	t tax. Attach Scl	hedule SE .	27					
	28	Self-employed SEP, SIMPLI	E, and qualified	plans	28					
	29	Self-employed health insura			29					
	30	Penalty on early withdrawal	- ;	.,	30			[
	31a	Alimony paid b Recipient's			31a					
	32	IRA deduction			32			ł		
	33	Student loan interest deduc			33					
	34	Tuition and fees. Attach For		 -	34		_			
	35	Domestic production activities		_	35				0	
	36 37	Add lines 23 through 31a an Subtract line 36 from line 22	•				. 36	13.	0.	
		ct, and Paperwork Reduction				· · · · ·	. 11320B	Form 104	0.000	

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Form 1040(2010)	DAI	IIEL F HARBORTH						-/429 Page Z	
Tour and	38	Amount from line 37 (adjusted gross inco	ome)	· .		<u>.</u>	38	13,929.	
Tax and	39a	Check	uary 2, 1946,	Blin	d. Total I	ooxes			
Credits		if: Spouse was born before	•	=	(ed ▶ 39a			
	b	If your spouse itemizes on a separate return		_			1		
	40	Itemized deductions (from Schedule A)					40	5,700.	
	41						41	8,229.	
	42	Exemptions. Multiply \$3,650 by the num					42	3,650.	
		Taxable income. Subtract line 42 from					43	4,579.	
	43	Tax (see instructions). Check if any tax is					44	458	
	44	Alternative minimum tax (see instructions).					45	130	
	45						46	458	
	46	Add lines 44 and 45		1	1	•	40		
	47	Foreign tax credit. Attach Form 1116 if re	•				_		
	48	Credit for child and dependent care expens			_		\dashv		
	49	Education credits from Form 8863, line 2					\dashv		
	50	Retirement savings contributions credi					-		
	51	Child tax credit (see instructions)		_	_		-		
	52	Residential energy credits. Attach Form		_			-		
	53	Other credits from Form: a 3800 b					_		
	54	Add lines 47 through 53. These are your					54	0.	
	55	Subtract line 54 from line 46. If line 54 is	more than line 46,	enter -0-	<u> </u>	<u> </u> ▶	55	458	
Other	56	Self-employment tax. Attach Schedule S	SE				56		
Taxes	57	Unreported social security and Medicare	tax from Form: a	413 🔲	37 b [8919	57		
Idaes	58	Additional tax on IRAs, other qualified retir	rement plans, etc. At	ttach For	m 5329 if r	equired	58		
	59	a ☐ Form(s) W-2, box 9 b ☐ So	hedule H c [Form 5	5405, line 1	6 <i>.</i> .	59		
	60	Add lines 55 through 59. This is your tot	altax		<u>.</u>	<u></u> >	60	458	
Payments	61	Federal income tax withheld from Forms	W-2 and 1099 .	. 61	1	432			
-	62	2010 estimated tax payments and amount a	pplied from 2009 reta	urn 62	2				
	63	Making work pay credit. Attach Schedule M		. 63	3	400			
If you have a	64a	Earned income credit (EIC)	NO	. 64	a				
qualifying child, attach	b	Nontaxable combat pay election 64b					7		
Schedule EIC.	65	Additional child tax credit. Attach Form 88	12	. 65	5		1	ĺ	
	66	American opportunity credit from Form 8			_				
	67	First-time homebuyer credit from Form	•		_			ľ	
	68	Amount paid with request for extension to	•				┥		
	69	Excess social security and tier 1 RRTA tax		\vdash	_		┨		
	70	Credit for federal tax on fuels. Attach Fo		· —			┥		
	71	Credits from Form: a ☐ 2439 b ☐ 8839					-		
	72	Add lines 61, 62, 63, 64a, and 65 through	_				72	832.	
Refund	73	If line 72 is more than line 60, subtract li	•	•	-		73	374	
Helala	74a	Amount of line 73 you want refunded to				_	74a	374	
Di	/-a ▶ b	Routing number		> c Type:			140		
Direct deposit?	► d	Account number	 		Check			}	
instructions.	75	Amount of line 73 you want applied to you	z 2011 actimated to	x ▶ 75	<u> </u>		[
Amount	76	Amount you owe. Subtract line 72 from				instructions	76	0.	
You Owe	77	Estimated tax penalty (see instructions)	mic oo. I of dolano	. 77	i *	, mondonono	70		
		you want to allow another person to disci	use this roturn with			otions\2	Com	plete below. X No	
Third Party				และ เกอ ((See IIISUUI	Choris):	55. COH	piete below.	
Designee		signee's	Phone			Personal iden	tification	_	
Sign		ne ►	no. ▶		about to one	number (PIN)			
Here	the	ler penalties of perjury, I declare that I have examing are true, correct, and complete. Declaration of pre	ed this return and accor parer (other than taxpay	mpanying s yer) is base	schedules an ed on all infor	a statements, and to mation of which pre	o the best barer has	of my knowledge and belief, any knowledge.	
Joint return?		ir signature		Your occu		·		me phone number	
See page 12.									
Keep a copy	<u> </u>	Spouse's signature. Va joint return, both must sign. Date Spouse's occupation							
for your records.	J Sp	Jose 3 Signature. A a joint return, boot must sign	. Date.	opouse s	occupation				
	Driv	nt/Type preparer's name Preparer's sign	nature	Data			DTIA		
Paid	r i i	,	I	Date		Check if	PTIN	ı	
Preparer SELF-PREPARED						self-employed			
Use Only		rm's name Firm's EIN							
	Fin	n's address				Phone no.			
								Form (2010)	

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UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN NORTHERN DIVISION (BAY CITY)

In the Matter of:

Case No. 14-22066 Chapter 13 Proceeding Honorable Daniel S. Opperman

Daniel Harborth,

Debtor

NOTICE OF OBJECTION TO PROOF OF CLAIM 3-1 IRS

Debtor has filed an objection to your claim in his bankruptcy case.

Your claim may be reduced, modified, or denied. You should read these papers carefully and discuss them with your attorney, if you have one.

If you do not want the court to deny or change your claim, then on or before November 28, 2014, you or your lawyer must:

a. File with the court a written response to the objection, explaining your position at:

United States Bankruptcy Court 111 First Street P.O. Box 911 Bay City, Michigan 48707

If you mail your response to the court for filing, you must mail it early enough so the court will receive it on or before the date stated above.

You must also mail a copy to:

Kimberly A. Kramer Attorney for Debtors 916 Washington Ave., Ste. 320 Bay City, MI 48708 (989) 671-4333

Thomas W. McDonald, Jr. Chapter 13 Trustee 3144 Davenport Avenue Saginaw, MI 48602 (989) 672-6766

b. Attend the hearing on the objection, scheduled to be held on 10:00 a.m. at United States Bankruptcy Court, 111 First Street, Bay City, Michigan, unless your attendance is excused by mutual agreement between yourself and the objector's attorney. (Unless the matter is disposed of summarily as a matter of law, the hearing shall be a pre-trial conference only; neither testimony nor other evidence will be received. A pre-trial scheduling order may be issued as a result of the pre-trial conference.)

If you or your attorney do not take these steps, the court may deem that you do not oppose the objection to your claim, in which even the hearing will be canceled, and the objection sustained.

Dated: October 29, 2014

Respectfully Submitted, KIMBERLY KRAMER, P.L.C. /s/ Kimberly A. Kramer KIMBERLY A. KRAMER (P59045) Attorney for Debtor 916 Washington Avenue, Suite 320 Bay City, MI 48708 (989) 671-4333 Kimberlykramerplc@sbcglobal.net

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN NORTHERN DIVISION (BAY CITY)

In the Matter of:		Case No. 14-22066				
		Chapter 13 Proceeding				
Daniel Harborth,		Honorable Daniel S. Opperman				
	Debtor					
	CERTIFICATE	OF SERVICE				
STATE OF MICHIGAN)					
)SS.					
COUNTY OF BAY)					

The following entities were served by first class mail on October 29, 2014;

Michigan Department of Treasury, Revenue and Collections Division, First Floor, Treasury Building, Lansing, MI 48922;

Office of the U.S. Attorney, 101 First St., Ste. 200, Bay City, MI 48708;

Department of Justice, Tax Division, P.O. Box 55, Ben Franklin Station, Washington, DC 20044;

IRS, P.O. Box 330500, Stop 15, Detroit, MI 48226;

Internal Revenue Service, P.O. Box 7346, Philadelphia, PA 19101-7346

The following entities were served by electronic transmission October 29, 2014;

Thomas W. McDonald, Jr. ecf@mcdonald13.org

I, Valerie E. Groulx, declare under the penalty of perjury that I have served the attached document on the above listed entities in the manner shown, and prepared the Certificate of Service and that it is true and correct to the best of my information and belief.

OBJECTION TO PROOF OF CLAIM 3-1 IRS

/s/ Valerie E. Groulx VALERIE E. GROULX

PREPARED BY: KIMBERLY KRAMER, P.L.C. BY: KIMBERLY A. KRAMER (P59045) Attorney for Debtor(s) 916 Washington Ave., Ste. 320 Bay City, MI 48708 (989) 671-4333 kimberlykramerplc@sbcglobal.net